

## Secretary of State Application for Registration Foreign Limited Partnership (LP)

IMPORTANT —	Read Ins	tructions	hefore	completing	this f	form
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Foreign Certificate of Good Standing is required. See Instructions.

Filing Fee - \$70.00

Copy Fees - First page \$1.00; each attachment page \$0.50;

Certification Fee - \$5.00

FILED AG Secretary of State A State of California

MAY 3 1 2019

Note: Registered LPs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov.											
1. Name of Foreign LP (See Instructions - Only enter an all	temate name	if the foreign Li	P name in Ite	m 1a is not availal	ble in CA.	 ) .					
1a. Enter the Exact Name of the Foreign LP (as listed on the Certif Good Standing.)	1b. Enter the Alternate Name to be Used in California, if required.										
Mt Gox Investment Fund LP		:									
2. LP History (See Instructions – Ensure that the formation of	late and juriso	diction match th	e attached C	ertificate of Good	Standing.	 }					
2a. Date LP was formed in home jurisdiction (MM/DD/YYYY)  2b. Jurisdiction (State, foreign country or place where this LP is formed.)											
03 / 14 / 2019		Cayman Islands									
3. Business Addresses (Enter the complete business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)											
a. Street Address of Principal Office - Do not enter a P.O. Box	T				te Zip Code						
314 Lytton Ave., Suite 200		Palo Alto			CA	94301					
b. Mailing Address of Principal Office, if different than item 3a	City (no abbreviations)			State	Zip Code						
c. Address of required office in Jurisdiction of Formation, if any	City (no abbreviations)			State	Zip Code						
Service of Process (Must provide either Individual OR (INDIVIDUAL – Complete Items 4a and 4b only. Must include     Colifornia Appete First Name (if pront in not a competition)	, ,	ame and Califo	rnia street ad	1			Suffix				
a. California Agent's First Name (if agent is not a corporation)		Middle Name Last Name		Last Name			Sullix				
b. Street Address (if agent is not a corporation) - Do not enter a P.O.	City (no abbreviations)			State CA	Zip Code						
CORPORATION - Complete Item 4c only. Only include the r		<del></del> -	i		-						
c. California Registered Corporate Agent's Name (if agent is a corporate	tion) – Do not	complete Item 4	a or 4b								
C T Corporation System		· · · · · · · · · · · · · · · · · · ·				·····					
5. General Partners (Enter the name and addresses of all t	he General P	artners. Attach	additional pa	ages, if necessary.	.)						
5a. General Partner's Name MGIF LLC											
5b. General Partner's Address	City (no abbre	viations)		State	Zip Cod	de					
314 Lytton Ave., Suite 200		Palo Alto			CA	9430					
6. Foreign Limited Liability Limited Partnership (0	Check this box				.l						
Check this box if the foreign limited partnership is a foreign				0.							
All attachments are part of this document. I declare the deed. I further declare the information is true and corrections.				is instrument,	which is	my act	and				
IIII-	Peter J. Briger, Member, MGIF LLC, General Partner										
General Partner's Signature	Type or Print Name										

LP-5

## Certificate of Good Standing of a Partnership

TO WHOMITMAN CONCERN

I DO HEREBY CERTIFY that



Islands is at the date of this certificate in Good Standing with this office, and duly authorized to exercise therein all the powers vested in the partnership.

The partnership of this certificate in the partnership.

The partnership of this certificate in the case of the consecutive in the Given under my hand and Seal at George Town in the a partnership duly organized and existing under and by virtue of the Laws of The Cayman

Island of Grand Cayman this 27th day of May Two Thousand Nineteen

REGISTANTED PROPERTY.



Registrar of Partnerships An Authorised Officer Cayman Islands. Authorisation Code: 780240770971 www.verify.gov.ky 27 May 2019